

County: Georgetown

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BASKERVILL ADULT PROGRAMS AND SERVICES 257 BASKERVILL DR PAWLEY'S ISLAND, SC 29585 STROUP, HENRY A PH#: 843-237-1100 Fac. Cont. Email: No Fac Cont. email on record	ADC-0221 / 04/30/2009 Georgetown / Corporation 257 BASKERVILL DR PAWLEY'S ISLAND, SC 29585 BASKERVILLE OUTREACH INC	16
Number of Participants		16
GEORGETOWN ACTIVE DAY CENTER AT HIGH MARKET STREET 2902 HIGH MARKET ST GEORGETOWN, SC 29440 ARDITO, DONNA L PH#: 843-546-2055 Fac. Cont. Email: D @ACTIVEDAY.COM	ADC-0208 / 07/31/2009 Georgetown / Corporation 2902 HIGH MARKET ST GEORGETOWN, SC 29440 ACTIVE SC TWO INC	64
Number of Participants		64
OASIS ADULT DAY CARE CENTER 2317 PRINCE ST GEORGETOWN, SC 29440 GRAHAM, MAZIE E PH#: 843-527-4848 Fac. Cont. Email: No Fac Cont. email on record	ADC-0207 / 08/31/2009 Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440 OASIS II - SPECIAL POPULATIONS INC	12
Number of Participants		12
RUTH LOUIS ADULT HEALTH DAY CARE 1349 SEABOARD RD ANDREWS, SC 29510 NESMITH, PEARL PH#: 843-221-5848 Fac. Cont. Email: RUTHLOISADC@FTC-I.NET	ADC-0226 / 05/31/2009 Georgetown / Non-Profit Corporation 1349 SEABOARD RD ANDREWS, SC 29510 RUTH LOUIS ADULT HEALTH DAY CARE	30
Number of Participants		30

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	4	Number Licensed Units	122
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County: Georgetown

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ATLANTIC SURGERY CENTER LLC 3911 B HWY 17 BYPASS MURRELLS INLET, SC 29576-0000 WOLBERT, SHARON PH#: 843-651-8211 Fac. Cont. Email:KMBCOX1@AOL.COM	ASF-0085 / 07/31/2009 Georgetown / Limited Liability 3911 B HWY 17 BYPASS MURRELLS INLET, SC 29576-0000 ATLANTIC SURGERY CENTER LLC	2
Operating Rooms	1 Procedure Rooms	1 Endoscopy Rooms
0	0	0
BAY MICROSURGICAL UNIT INC 1200 HIGHMARKET ST GEORGETOWN, SC 29440-0000 SPRING, JANET PH#: 843-777-8480 Fac. Cont. Email:No Fac Cont. email on record	ASF-0090 / 11/30/2009 Georgetown / Corporation PO BOX 2900 GEORGETOWN, SC 29440 BAY MICROSURGICAL UNIT INC	1
Operating Rooms	1 Procedure Rooms	0 Endoscopy Rooms
0	0	0
WACCAMAW ENDOSCOPY CENTER LLC 2361 N FRASER ST GEORGETOWN, SC 29440-0000 TANNER, ARLENE PH#: 843-436-1000 Fac. Cont. Email:A.TANNER@GIENDOCENTER.COM	ASF-0106 / 08/31/2009 Georgetown / Ltd. Liability 2361 N FRASER ST GEORGETOWN, SC 29440 WACCAMAW ENDOSCOPY CENTER LLC	1
Operating Rooms	0 Procedure Rooms	0 Endoscopy Rooms
0	0	1

Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed:
Number Licensed Units

County: Georgetown

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GALA HAVEN 224 WARD LOOP HEMINGWAY 29554 MARSH, DOROTHEAL C PH#: 843-558-6295 Fac. Cont. Email: No Fac Cont. email on record	CRC-1264 / 04/30/2009 Georgetown / State 224 WARD LOOP HEMINGWAY, SC 29554 WACCAMAW CENTER FOR MENTAL HEALTH	5
Certifications:None		
JESSAMINE COMMUNITY RESIDENCE 143 JESSAMINE AVE GEORGETOWN, SC 29440 BAKER, DAVID B PH#: 843-527-1390 Fac. Cont. Email: EKRAUSS@GCBDSN.COM	CRC-1445 / 06/30/2009 Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS	8
Certifications:None		
LAKES AT LITCHFIELD ASSISTED LIVING 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585 MCKINSTRY, NANCY W PH#: 843-235-9393 Fac. Cont. Email: No Fac Cont. email on record	CRC-1116 / 08/31/2009 Georgetown / Ltd. Liability 38 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-0000 LITCHFIELD RETIREMENT L L C	79
Certifications:Alzheimer Unit, Alzheimers Care		
MARYVILLE COMMUNITY RESIDENCE 2602 OLD CHARLESTON RD GEORGETOWN, SC 29440-1471 BAKER, DAVID B PH#: 843-546-8228 Fac. Cont. Email: EKRAUSS@GCBDSN.COM	CRC-1446 / 06/30/2009 Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS	8
Certifications:None		
MORNINGSIDE OF GEORGETOWN 2628 N FRASER ST GEORGETOWN, SC 29440 WEAVER, ANITA N PH#: 843-520-0319 Fac. Cont. Email: AWEAVER@5SQC.COM	CRC-1102 / 05/31/2009 Georgetown / Limited Liability Limited Partnership 2628 N FRASER ST GEORGETOWN, SC 29440 MORNINGSIDE OF SOUTH CAROLINA L P	59
Certifications:Alzheimer Care		
OASIS RESIDENTIAL HOME 2317 PRINCE ST GEORGETOWN, SC 29440 GRAHAM, MAZIE E PH#: 843-527-4848 Fac. Cont. Email: OASISINC2001@YAHOO.COM	CRC-1219 / 08/31/2009 Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440 OASIS RESIDENTIAL HOME INC	22
Certifications:Alzheimer Care		

County: Georgetown

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
SOUTH ISLAND ASSISTED LIVING 2902 S ISLAND RD GEORGETOWN, SC 29440 GILES, MAXINE J PH#: 843-545-5427 Fac. Cont. Email:MAXINE@SCCC.TV	CRC-1272 / 02/28/2010 Georgetown / Corporation 2902 S ISLAND RD GEORGETOWN, SC 29440 OAK POND MANOR INC	32

Certifications:Alzheimer Care

SUNNY PINES BOARDING HOME 108 GAPWAY RD ANDREWS, SC 29510 PAPILLION, GLORIA F PH#: 843-221-7436 Fac. Cont. Email:SUNNYPINES57@MSN.COM	CRC-0098 / 05/31/2009 Georgetown / Sole Proprietorship PO BOX 732 ANDREWS, SC 29510 MATTIE H DUROUSSEAU	18
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Certifications:None

Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed: 8 Number Licensed Units 231

Division of Health Licensing

County: Georgetown

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
AMEDISYS HOME HEALTH OF GEORGETOWN 1105 CHURCH ST GEORGETOWN, SC 29440-3201 DAWSON, KATHLEEN H PH#: 843-546-1730 Fac. Cont. Email:2205@AMDISYS.COM Counties Served Georgetown, Williamsburg License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	HHA-0192 / 01/31/2010 Georgetown / Ltd. Liability 1105 CHURCH ST GEORGETOWN, SC 29440-3201 AMEDISYS SC LLC	2
AMEDISYS HOME HEALTH OF GEORGETOWN EAST 1105-C CHURCH ST GEORGETOWN, SC 29440-3201 DAWSON, KATHLEEN H PH#: 843-546-1730 Fac. Cont. Email:2221@AMDISYS.COM Counties Served Georgetown, Williamsburg License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	HHA-0188 / 01/31/2010 Georgetown / Ltd. Liability 1105-C CHURCH ST GEORGETOWN, SC 29440-3201 AMEDISYS SC LLC	2
LAKES AT LITCHFIELD HOME HEALTH AGENCY 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585 MCKINSTRY, NANCY W PH#: 843-235-9393 Fac. Cont. Email:No Fac Cont. email on record Counties Served Georgetown, Special Note - SERVING CAMPUS RESIDENTS ONLY License Restrictions SERVING CAMPUS RESIDENTS ONLY Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	HHA-0204 / 05/31/2009 Georgetown / Limited Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585 LITCHFIELD RETIREMENT LLC	1

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed: Number Licensed Units

County: Georgetown

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
TIDELANDS COMMUNITY HOSPICE HOUSE 2591 N FRASER ST GEORGETOWN, SC 29440 HAYES, MARSHA A PH#: 843-546-3410 Fac. Cont. Email:MARSHA.HAYES@TIDELANDSHOSPICE.ORG	HPF-0008 / 01/31/2010 Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440 TIDELANDS COMMUNITY HOSPICE INC	12

Totals For Facility/License Type Hospice Facility

Number of Activities/Facilities licensed:	1	Number Licensed Units	12
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County: Georgetown

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
SOUTHERNCARE MYRTLE BEACH 11943 GRANDHAVEN DR STE 2-A MURRELLS INLET, SC 29576 TURNER, GLORIA PH#: 843-357-6474 Fac. Cont. Email: No Fac Cont. email on record	HPC-0126 / 08/31/2009 Georgetown / Corporation 11943 GRANDHAVEN DR STE 2-A MURRELLS INLET, SC 29576 SOUTHERNCARE INC	7
Counties Served Berkeley, Dillon, Florence, Georgetown, Horry, Marion, Williamsburg		
TIDELANDS COMMUNITY HOSPICE INC 2591 N FRASER ST GEORGETOWN, SC 29440 HAYES, MARSHA A PH#: 843-546-3410 Fac. Cont. Email: MARSHA.HAYES@TIDELANDSHOSPICE.ORG	HPC-0009 / 02/28/2010 Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440 TIDELANDS COMMUNITY HOSPICE INC	3
Counties Served Georgetown, Horry, Williamsburg		

Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed:
Number Licensed Units

Division of Health Licensing

County: Georgetown

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	
GEORGETOWN MEMORIAL HOSPITAL	HTL-0007 / 08/31/2009	131
606 BLACK RIVER RD	Georgetown / Non-Profit Corporation	
GEORGETOWN, SC 29440-3304	PO BOX 421718	
BAILEY, BRUCE P PH#: 843-527-7000	GEORGETOWN, SC 29442-4203	
Fac. Cont. Email: BBAILEY@GMHSC.COM	GEORGETOWN MEMORIAL HOSPITAL	
Licensed Beds: General: 131	Psychiatric: 0	Rehab: 0
Other Beds	Substance Abuse	0
NICU: 0	Neonatal Special Care	5
Certifications: Abortions, Perinatal Level II, JCAHO Accredited		
WACCAMAW COMMUNITY HOSPITAL	HTL-0834 / 10/31/2009	167
4070 HWY 17 BYPASS S	Georgetown / Non-Profit Corporation	
MURRELLS INLET, SC 29576	4070 HWY 17 BYPASS	
RESETAR, GAYLE L PH#: 843-652-1000	MURRELLS INLET, SC 29576	
Fac. Cont. Email: GRESETAR@GEORGETOWNHOSPITALSYSTEM.ORG	WACCAMAW COMMUNITY HOSPITAL INC	
Licensed Beds: General: 124	Psychiatric: 0	Rehab: 43
Other Beds	Substance Abuse	0
NICU: 0	Neonatal Special Care	2
Certifications: Perinatal Level II, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed:
Number Licensed Units

County: Georgetown

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GEORGETOWN HEALTHCARE & REHAB INC 2715 S ISLAND RD GEORGETOWN, SC 29440 RABY, SHEILA W PH#: 843-546-4123 Fac. Cont. Email:ADMIN@GEORGETOWNHEALTHCARE.NET	NCF-0633 / 03/31/2009 (Renewal Pending) Georgetown / Corporation 2715 S ISLAND RD GEORGETOWN, SC 29440 GEORGETOWN HEALTHCARE & REHAB INC	84

Licensed Beds Nursing Home 84 Institutional Nursing Home 0

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER 80 TIMBERVIEW CT PAWLEY'S ISLAND, SC 29585 MCKINSTRY, NANCY W PH#: 843-235-9393 Fac. Cont. Email:NMCKINSTRY@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2009 Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEY'S ISLAND, SC 29585 LITCHFIELD RETIREMENT L L C	24
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Licensed Beds Nursing Home 17 Institutional Nursing Home 7

Certifications:None

NHC HEALTHCARE GARDEN CITY 9405 HWY 17 BY-PASS, (INDIAN WELLS LOOP) MURRELLS INLET, SC 29576 SHADOW, SHIRLEY B PH#: 843-650-2213 Fac. Cont. Email:REMSMOM@AOL.COM	NCF-0825 / 10/31/2009 Georgetown / Ltd. Liability PO BOX 309 MURRELLS INLET, SC 29576 NHC HEALTHCARE/GARDEN CITY L L C	148
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Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER 901 MAPLE ST GEORGETOWN, SC 29440-4300 OTHMAN, MOHAMED PH#: 843-546-6101 Fac. Cont. Email:No Fac Cont. email on record	NCF-0930 / 09/30/2009 Georgetown / Ltd. Liability 901 MAPLE ST GEORGETOWN, SC 29440 PALMETTO PRINCE GEORGE OPERATING L L C	148
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Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	4	Number Licensed Units	404
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County: Georgetown

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GEORGETOWN COUNTY ALCOHOL & DRUG ABUSE COMMISSION 1423 WINYAH ST GEORGETOWN, SC 29440 WALKER, WILLIAM J PH#: 843-546-6081 Fac. Cont. Email:SWOODBERRY@GCADAC.ORG	OTP-0039 / 11/30/2009 Georgetown / County 1423 WINYAH ST GEORGETOWN, SC 29440 GEORGETOWN COUNTY ALCOHOL & DRUG ABUSE COMMISSION	2

Certifications:None

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed: Number Licensed Units

County: Georgetown

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FMC DIALYSIS SERVICES - MURRELLS INLET 5011 HWY 17 BYPASS MURRELLS INLET, SC 29576-5045 LIVESAY, WILLIAM G PH#: 843-357-4840 Fac. Cont. Email: No Fac Cont. email on record	ERD-0096 / 06/30/2009 Georgetown / Corporation 5011 HWY 17 BYPASS MURRELLS INLET, SC 29576-5045 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	14
Licensed Stations: Hemodialysis: 14 Peritoneal: 0		
FRESENIUS MEDICAL CARE GEORGETOWN 712 N FRASER ST GEORGETOWN, SC 29440-3353 WARD RN, ESTHER J PH#: 843-527-3431 Fac. Cont. Email: No Fac Cont. email on record	ERD-0009 / 09/30/2009 Georgetown / Corporation 712 N FRASER ST GEORGETOWN, SC 29440 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	29
Licensed Stations: Hemodialysis: 28 Peritoneal: 1		

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	2	Number Licensed Units	43
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County: Georgetown

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
521 TATTOO	TF-0038 / 05/31/2009	1
7483-A GEORGETOWN HWY	Georgetown / Sole Proprietorship	
ANDREWS, SC 29510	1444 OLD MORRISVILLE HWY	
BOUCHETTE, JOSEPH B PH#: 843-240-6365	ANDREWS, SC 29510	
Fac. Cont. Email: No Fac Cont. email on record	JOSEPH B BOUCHETTE	

Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed:	1	Number Licensed Units	1
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Number of Activities/Facilities licensed in county of	Georgetown	# Lics	31
	Number Licensed Units :	1,132	

Report Total

Total Number of Activities/Facilities licensed	31	Total Number Licensed Units	1,132
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